MARYLAND STATE DEPARTMENT OF HEALTH

11533

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — Deer Park MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park — Rural — LENGTH OF STAY (in this place) Life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, — Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Jane	Day	10/	6/	1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	7/19/1901	51 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work	Domestic Work	Deer Park, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Day	Lillian Pysell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Mrs. Anna Friend, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma of Uterus -	?
1744 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 24 May, 19 49, to July 31, 19 52, that I last saw the deceased alive on July 31, 19 52, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Thomas A Rigby M D	Oakland, Md	10 Oct 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/10/1952	Deer Park Cemetery	Deer Park, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/10/52	Julia A Rowan Deputy	Emroy D. Bokley	Oakland, Md.

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OCT 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11534

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland | LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hoyes
STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Arthur	DeWitt	Oct. 24, 1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7/2/1872	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Archibald DeWitt	Mary Browning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	------	H. Robert DeWitt Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	10 years
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatoid Arthritis	10-15 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 19, 1952, to Oct. 24, 1952, that I last saw the deceased alive on Oct. 23, 1952, and that death occurred at 1:30A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A E Mann	MD	Oakland Md	25 Oct 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/26/1952	Hoyes Church Cemetery	Garrett Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/26/52	Julia T Rowan	Herbert C. Leighton	Oakland, Md.

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11535

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Gorman MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gorman, Md
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gorman, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Otillia (Middle) Kreigher (Last) Dilgard.
4. DATE OF DEATH (Month) (Day) (Year) 10/22/1952 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1/11/1871
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Kreigher Dilgard
14. MOTHER'S MAIDEN NAME Henritta Blunk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Jacob Dilgard, Gorman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 10 years

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1950, to Oct. 22, 1952, that I last saw the deceased alive on Oct. 4, 1952, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE A.E. Mance (Degree or title) MD ADDRESS Oakland DATE SIGNED 25 Oct 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/25/1952
NAME OF CEMETERY OR CREMATORY Pope Cemetery,
LOCATION (City, town, or county) (State) Gorman, Md.

DATE REC'D BY LOCAL REG. 10/25/1952
REGISTRAR'S SIGNATURE Julia A. Rowan L.R.
24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Lusby. 11536

Reg. Dist. No. 166

1. PLACE OF DEATH · COUNTY Garrett Oakland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md — LENGTH OF STAY (in this place) March 1st 1952	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home, Oak St, Oakland, Md.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Henry (Last) Fike				4. DATE OF DEATH (Month) (Day) (Year) 10/29/1952 19	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH 6/29/1883	9. AGE last birthday 69 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired coal miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mines	11. BIRTHPLACE (State or foreign country) Red House, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Fike.			14. MOTHER'S MAIDEN NAME Sarah Gower.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Milton Fike, Oakland, Md. Rd#2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic cardio	years
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) vascular disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Sept, 1951, to Oct 27, 1952, that I last saw the deceased alive on Oct 27, 1952, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas J. Lusby M.D.		Oakland, Md	30 Oct 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/31/1952	NAME OF CEMETERY OR CREMATORY Fairview Cemetery	LOCATION (City, town, or county) (State) Near Table Rock, Md.
DATE REC'D BY LOCAL REG. 10/31/1952	REGISTRAR'S SIGNATURE Julia A. Lowan LR	24. FUNERAL DIRECTOR Emroy D. Bolden	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11537

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Terra Alta W.Va COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Everett (Middle) Clay (Last) Friend
4. DATE OF DEATH (Month) Oct (Day) 14 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1927 Aug. 10.
9. AGE last birthday 25 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tractor operator
10b. KIND OF BUSINESS OR INDUSTRY Timber
11. BIRTHPLACE (State or foreign country) Terra Alta. W.Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Orval Friend
14. MOTHER'S MAIDEN NAME Margaret Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 236-48-9321
17. INFORMANT AND ADDRESS Margaret Friend, Terra Alta. W.Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing Injuries Chest Wall

9123 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture Right Lung

(c) Fracture Rt. leg at ankle

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Laceration Left thigh

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Saw Mill near Terra Alta (CITY OR TOWN) (COUNTY) Preston (STATE) WVA
TIME OF INJURY (Month) Oct (Day) 14 (Year) 1952 (Hour) 1 p.m. INJURY OCCURRED While at work ☑ Not while at work ☐ HOW DID INJURY OCCUR? Bull dozer fell on deceased

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 10/15/52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF Oct. 17. 52 | NAME OF CEMETERY OR CREMATORY Terra Alta | LOCATION (City, town, or county) Terra Alta. W.Va. (State)

DATE REC'D BY LOCAL REG. 10/17/52 | REGISTRAR'S SIGNATURE Julia A. Rowan Local | 24. FUNERAL DIRECTOR A. F. Collins Terra Alta. W.Va ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 20 1967
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (in this place) 1½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W Va — COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ripley W Va
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JANE (Middle) (Last) HEILMANN

4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 13 1869

9. AGE last birthday: 83 yrs. — If under 1 year: Months 9 Days 13 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kingwood W Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Marshal Hartman.

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: F E Heilman, Kingwood W Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Decompensated heart — Interval between onset and death: 2 years

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio vascular disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Aug, 1951, to 28 Oct., 1952, that I last saw the deceased alive on 27 Oct., 1952, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thomas D. Lusby M.D. — Oakland, Md — 28 Oct 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10/28/52 — NAME OF CEMETERY OR CREMATORY: Kingwood — LOCATION (City, town, or county) (State): Kingwood, Preston W Va

DATE REC'D BY LOCAL REG. 10/29/52 — REGISTRAR'S SIGNATURE: Julia A Rowan — 24. FUNERAL DIRECTOR — ADDRESS: Herbert C Leighton Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
STREET ADDRESS (If rural, give location) Oak Street, Oakland, Md.

3. NAME OF DECEASED (Type or Print): (First) Simon (Middle) Kerns. (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 10/25/1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Grafton, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Luther Kerns, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio-vascular disease — Interval Between Onset and Death: years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... — years

(c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile, chr. nephritis — years

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1951, to Oct 22, 1952, that I last saw the deceased alive on Oct 22, 1952, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J. Lusby M.D. — ADDRESS Oakland, Md — DATE SIGNED 25 Oct 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10/28/1952 — NAME OF CEMETERY OR CREMATORY Oakland Cemetery — LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 10/28/52 — REGISTRAR'S SIGNATURE Julia A Royon

24. FUNERAL DIRECTOR Emroy D. Bolden — ADDRESS Oakland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH
COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DEER PARK
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) GROVER (Middle) CLEVELAND (Last) KING

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 7/7/1884

9. AGE last birthday: 68 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal digger

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): MARYLAND, DEER PARK

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: KING, JOSEPH

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 2[illegible]

17. INFORMANT AND ADDRESS: John King, Keyser, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio-vascular disease — Interval between onset and death: years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

422.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bronchitis — 5 days

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26, 1952 to Oct 29, 1952, that I last saw the deceased alive on Oct 28, 1952, and that death occurred at 2:49A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas D. Lusby M.D. Oakland, Md Oct 29, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/1/52

NAME OF CEMETERY OR CREMATORY: King Cemetery

LOCATION (City, town, or county) (State): Near Mt. Lake Park, Md

DATE REC'D BY LOCAL REG. 11/1/52

REGISTRAR'S SIGNATURE: Judson C Rowan

24. FUNERAL DIRECTOR: Elmer D. Bolden ADDRESS: Oakland, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age in specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11541

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Mt. Lake Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Marshal (Last) Kisner.

4. DATE OF DEATH (Month) 10/30/1952 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 5/13/1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of Farm
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Garrett County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Kisner.
14. MOTHER'S MAIDEN NAME Jamina Enlow.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Mary Kiser, Mt. Lake Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Heart Diseas.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Said to be a Very heavy eater

19a. DATE OF OPERATION ----
19b. MAJOR FINDINGS OF OPERATION ----
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Mountain Lake Park (COUNTY) Garrett (STATE) Md-
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Oct-10th 19 Oct to Oct 28, 19 52, that I last saw the deceased alive on Oct-28th 19 52, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Oakland Md-

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/2/1952
NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
LOCATION (City, town, or county) (State) Near Lang Run, Md.

DATE REC'D BY LOCAL REG. 11/2/1952
REGISTRAR'S SIGNATURE Julia A. Lowan L.R.
24. FUNERAL DIRECTOR Emery D. Bolden, Oakland, Md ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Rural — LENGTH OF STAY (In this place) 1 night
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lapp Cottage on Harveys Peninsula

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Indiana — COUNTY Newton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brook
STREET ADDRESS (If rural, give location) R. R. #1, Box #153

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) TAYLOR (Last) SCHAAF LOWE

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11 March 1879
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home work
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Rochester, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Schaaf
14. MOTHER'S MAIDEN NAME: Elizabeth Newhouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. & Mrs. Donald Meid RR4 Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic cardio vascular disease	years
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Cardiac asthma	15 Months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas D. Lusby M. D. (acting Examiner) Oakland, Md. 26 Oct 52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 10/27/1952
NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
LOCATION (City, town, or county) (State): Brook, Indiana.

DATE RECD BY LOCAL REGISTRAR: 10/27/52
REGISTRAR'S SIGNATURE: Lydia G Rowan L.R.
24. FUNERAL DIRECTOR: Herbert L. Leighton
ADDRESS: Oakland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1154:

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location) 58 CENTER STREET

3. NAME OF DECEASED (Type or Print) (First) CHARLOTTE (Middle) JANE (Last) Mayles ~~WELCH~~

4. DATE OF DEATH (Month) OCTOBER (Day) 7 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JUNE 13, 1946
9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME ~~WELCH, CECIL~~ Mayles, Floyd
14. MOTHER'S MAIDEN NAME DE WITT, VIRGIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MRS. CHARLOTTE DE WITT, OAKLAND MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

751X

Immediate cause (a) Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hydrocephalus - Spina bifida with meningo-myelocele — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep, 1951, to 7 Oct, 1952 that I last saw the deceased alive on 7 Oct, 1952 and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Harley, M.D. ADDRESS Luna Alto, W Va DATE SIGNED 13 Oct 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/10/1952
NAME OF CEMETERY OR CREMATORY Gortner Cemetery.
LOCATION (City, town, or county) (State) Gortner, Md.

DATE REC'D BY LOCAL REG. 10/10/52
REGISTRAR'S SIGNATURE Julia J. Rowan Local
24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Garrett — Hutton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hutton, Md. — LENGTH OF STAY (In this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hutton, Maryland.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Thomas (Last) O'Haver.

4. DATE OF DEATH: (Month) Oct (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 12/3/1867

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mt. Storm, West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. O'Haver

14. MOTHER'S MAIDEN NAME: Lydia Aronhalt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Birt Nair, Mt. Lake Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 - 3

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): M D ADDRESS: Oakland DATE SIGNED: Oct 7-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/6/1952 | NAME OF CEMETERY OR CREMATORY: Maple Springs | LOCATION (City, town, or county) (State): Eglon, W. Va.

DATE RECD BY LOCAL REG.: 10/8/1952 | REGISTRAR'S SIGNATURE: Julia A. Lawson | 24. FUNERAL DIRECTOR: Elmer D. Bolden ADDRESS: Oakland, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (In this place) one month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reese Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE West Virginia — COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Keyser
STREET ADDRESS (If rural, give location) 6 Mi. West Keyser, W. Va. ✓

3. NAME OF DECEASED (Type or Print): (First) Elias (Middle) Edward (Last) Shirley

4. DATE OF DEATH: (Month) Oct. (Day) 10, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/5/1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Shirley

14. MOTHER'S MAIDEN NAME: Lorraine MacNamire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ------

17. INFORMANT AND ADDRESS: Mrs. Sylvia Stewart Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.21

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 10 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1952, to Oct 10, 1952, that I last saw the deceased alive on Oct 7, 1952, and that death occurred at 5:20A. m., from the causes and on the date stated above.

SIGNATURE Lt. Wampler (Degree or title) M.D. ADDRESS Oakland, Md. DATE SIGNED 10/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10/12/1952 — NAME OF CEMETERY OR CREMATORY Nethkin Hill Cemetery — LOCATION (City, town, or county) (State) Elk Garden, W. Va.

DATE REC'D BY LOCAL REG. 10/13/52 — REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Herbert C. Leighton — ADDRESS Oakland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland — LENGTH OF STAY (in this place) 1 year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of Sol Snyder	STREET ADDRESS (If rural, give location) 5 Mi. N E Oakland, Md.

3. NAME OF DECEASED (Type or Print) (First) Phineas (Middle) ---- (Last) Snyder			4. DATE OF DEATH (Month) Oct. (Day) 26, (Year) 1952 19	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/8/1878	9. AGE last birthday 74 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Silas Snyder		14. MOTHER'S MAIDEN NAME Mary Ann Ford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -------	17. INFORMANT AND ADDRESS Solomon Snyder R. D. Oakland, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Disease

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) R D 2 (COUNTY) Oakland (STATE) Garrett Md	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12th, 1952 to Oct 26 1952 that I last saw the deceased alive on Oct 12, 1952 and that death occurred at 12:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Oakland Oct 29 1952 DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/29/1952	NAME OF CEMETERY OR CREMATORY John Mayle Cemetery	LOCATION (City, town, or county) Garrett Co., Md. (State)
DATE REC'D BY LOCAL REG. 10/29/52	REGISTRAR'S SIGNATURE Julia A Rowan	24. FUNERAL DIRECTOR Herbert C. Leighton	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEER PARK
STREET ADDRESS (If rural, give location) BOX 1

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) [illegible] (Last) THRASHER
4. DATE OF DEATH (Month) [illegible] (Day) 18, (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH 8/21/1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROADER
10b. KIND OF BUSINESS OR INDUSTRY Engineer
11. BIRTHPLACE (State or foreign country) Deer Park, Maryland.
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME THRASHER, WILLIAM
14. MOTHER'S MAIDEN NAME JANKEY, ELIZABETH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 705-05-[illegible]52
17. INFORMANT AND ADDRESS Mrs. Harry Thrasher, Box 1[illegible], Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Coronary Heart Disease	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Edema	3 Days
	(c) Arteriosclerotic Heart Disease	2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1943, to Oct. 18, 1952, that I last saw the deceased alive on Oct. 17, 1952, and that death occurred at 8:04 a. m., from the causes and on the date stated above.

SIGNATURE A. E. Mance MD (Degree or title) ADDRESS Oakland DATE SIGNED 18 Oct 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/20/1952
NAME OF CEMETERY OR CREMATORY Deer Park Cemetery
LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REG. 10/20/52
REGISTRAR'S SIGNATURE Julia A Rowan Local
24. FUNERAL DIRECTOR Murray D. Bolden, ADDRESS Oakland, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11548

CERTIFICATE OF DEATH

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A14

1. PLACE OF DEATH
COUNTY: Garrett — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sang Run
LENGTH OF STAY in this place: 82 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3 Mi. West Sang Run, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sang Run
STREET ADDRESS (If rural, give location): 3 Mi. West Sang Run, Md.

3. NAME OF DECEASED (Type or Print): George (First) Henry (Middle) Uphold (Last)

4. DATE OF DEATH: Oct. 19, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/18/1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Uphold

14. MOTHER'S MAIDEN NAME: Elizabeth Bittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT AND ADDRESS: Mrs. Jasper Sisler Sang Run, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia - Senility - Coma - Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Nephritis

(c)

77X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

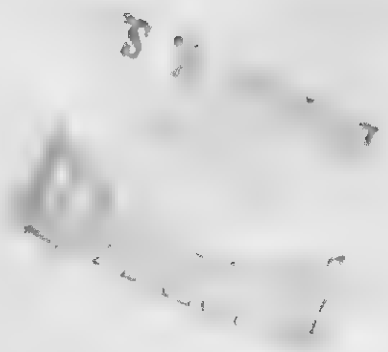
22. I hereby certify that I attended the deceased from June, 1952, to Oct. 19, 1952, that I last saw the deceased alive on Oct. 19, 1952, and that death occurred at 11:00A. m., from the causes and on the date stated above.

SIGNATURE: H. B. Masemore — (Degree or title) MD — ADDRESS: Addison - Pa — DATE SIGNED: 10/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/22/1952 — NAME OF CEMETERY OR CREMATORY: Blooming Rose Cemetery — LOCATION (City, town, or county) (State): near Friendsville, Md.

DATE REC'D BY LOCAL REG.: Oct 22 1952 — REGISTRAR'S SIGNATURE: Kathryn Fike

24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.



11549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piedmont
STREET ADDRESS (If rural, give location) 108 Railroad St

3. NAME OF DECEASED (Type or Print) (First) HATTIE (Middle) Greenwald (Last) WALTERS
4. DATE OF DEATH (Month) Oct (Day) 5 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 12 May 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Dawson, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Greenwade
14. MOTHER'S MAIDEN NAME Garrett Dawson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs John Smallwood, Westernport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Art. cardio vascular Disease — INTERVAL BETWEEN ONSET AND DEATH years

4221

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Failure

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Sept, 1952, to 3 Oct, 1952, that I last saw the deceased alive on 3 Oct, 1952, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE Thomas J. Cushy M.D. (Degree or title) ADDRESS Oakland, Md. DATE SIGNED 10 Oct 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/10/52
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) (State) Westernport Md

DATE REC'D BY LOCAL REG. 10/10/52
REGISTRAR'S SIGNATURE Julia A. Rowan Local
24. FUNERAL DIRECTOR E. S. Beal ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 20
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11550

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) ALMIRA (Middle) RINGER (Last) WRIGHT

4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Apr. 18, 1867

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Somerset Co., Pennsylvania U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Ringer

14. MOTHER'S MAIDEN NAME: Malinda Kretchman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs Samantha Hetrick, Accident, R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Myocardial infarction

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Generalized arteriosclerosis

DUE TO

(c) Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic senility

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to Oct, 1952, that I last saw the deceased alive on Sept 29, 1952, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

John F. Whitehill, Jr. M.D. Salisbury, Pa Oct 14, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 17, 52 — NAME OF CEMETERY OR CREMATORY: Grantsville, — LOCATION (City, town, or county) (State): Grantsville, Garrett Co. Md.

DATE REC'D BY LOCAL REG. Oct 15 5-52 — REGISTRAR'S SIGNATURE: Ethel Broadwater — **24. FUNERAL DIRECTOR**: Wm Whitehead — ADDRESS: Grantsville, Md.

RECEIVED
OCT 16 1952
BUREA